

Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute - CS version 02.05.50

SEER recommends that participating central cancer registries work closely with their hospital registries to avoid duplication of effort in implementing CS version 0205 (version 02.05.50 or later). SEER requires that all SEER reportable cases diagnosed 1/1/2014 and forward be coded and processed under CS version 0205. Therefore, CS version 0205 will have to be implemented before the processing of any 2014+ cases. After CS version 0205 has been implemented, all cases need to be processed under CS version 0205 even if the diagnosis year is prior to 2014. In the event that a facility sends 2010 cases originally coded in CSv1 or version 020000, the central registry must ensure that the cases have been reviewed and coded with at least version 020001. In the event that a facility sends 2011 cases coded in a CS version before CS version 0203, the central registry must ensure that the cases have been reviewed and coded with CS version 0203 codes including all required CS version 0203 SSFs. In the event that a facility sends 2012-2013 cases coded in a CS version before CS version 0204, the central registry must ensure that the cases have been reviewed and coded with CS version 0204 codes including all required CS version 0204 SSFs. In the event that a facility sends 2014+ cases coded in a CS version before CS version 0205, the central registry must ensure that the cases have been reviewed and coded with CS version 0205 codes including all required CS version 0205 SSFs. All prior conversions and reviews need to be done sequentially. These specifications are only for the conversion from CS version 0204 to CS version 0205.

Specifications for the implementation of CS version 0205 including the conversion of CS version 0204 to CS version 0205 are provided on <http://cancerstaging.org/cstage/web> site.

1. The implementation guide for CS version 0205: Collaborative Stage Data Collection System Version 2: 0205 Implementation Guide for Registries and Vendors.
2. The main conversion is for the CS input version current and can be found in the Implementation Guide for Registries and Vendors. These fields will also be edited.
3. The software products also contain information about CS version 0205 on the CS website at <http://www.cancerstaging.org/cstage>
4. Registrars will find the **(Release Notes)** helpful in understanding the changes for CS version 0205 in addition to the manuals on the 'Coding Instructions' page and the 'Site Specific Schema' page.

Before the actual conversion, ensure that the CS version input original and CS version input current fields are valid and the combination of the two fields makes sense. The CS version input current field will be recoded during the conversion based on these two fields.

Review: The review specifications are noted in the implementation guide.

1. SEER required review: All cases listed for review need to be done by the SEER registries. The conversion program should generate a list of review cases which should be reviewed and recoded according to the specifications provided in the conversion document provided on the CS Software Page.

Example 1: Review any cases that went to a valid T, N, M or Stage code in v0204 that now are going to Blank (ERROR). This includes AJCC 6th TNM or stage, AJCC 7th TNM or stage or Summary Stage 77 or 2000.

Example 2: Cases with Tis with positive nodes or mets will now go to ERROR in Stage. These cases need to be reviewed to resolve the inconsistency. See the Implementation Guide.

Example 3: There are a couple of schemas where two different codes had descriptions which overlapped and these were changed to avoid inconsistencies. Cases will need to be reviewed where the code description was changed.

2. Note: All cases need to be pulled for review after conversion.

Derivation: The new algorithm (version 02.05.50 or the most recent version) should be run on all cases (2004+) ASAP after the CS version 0205 algorithm has been placed into operation in order to have the CS derived fields correctly defined. The CS version 0205 algorithm will correct errors in the previous algorithms for the derivation of T, N, M and stage for AJCC 6th and 7th edition and the derivation of SEER summary stage 1977 and 2000. It will continue to be necessary to use the three CS version flags to help determine the case's status. New CS version 0205 edits will be provided.

As registrars are coding and/or updating cases, the IT staff should electronically provide the CSv0205 codes, descriptions, and any notes/footnotes to the abstractor and coder for each CS field that is collected.

Lymph-Vascular Invasion (LVI) [NAACCR #1182]: LVI is required for cases originally coded under CS version 0200 or higher or diagnosed 2010+ for the sites/histologies that are included in the schemas for penis and testis only.

CS Mets at Dx–Bone, CS Mets at Dx-Brain, CS Mets at Dx-Liver, and CS Mets at Dx-Lung are required for cases originally coded under CS version 0200 or higher or diagnosed 2010+.

CS Site-specific factors (SSFs): SEER does not require all of the SSFs CS data items but there are schema-specific requirements for the site-specific factors (SSFs). The required list of SSFs for SEER is a subset of the one for CoC and is found on the CS web site. SEER registries may collect additional SSFs and submit them. A listing of the required SSFs by schema is provided in a spreadsheet and is color-coded to show the required SSFs broken into those needed for staging, those already required under CSv1, and those thought to be clinically relevant. CS version 0204 codes are required for all 2012+ cases. The list of SEER required SSFs for CSv0205 is also posted on the Collaborative Stage Data Collection System web site. SEER Required SSFs.

- No new SSF's are required.
- There are several SSF's that are no longer required as of CSv0205. (find memo)
- There are several SSF's that are labeled as "discontinued." These SSF's were never required by any of the standard setters. <http://cancerstaging.org/cstage/registrar-announce-disc-ssf0205.pdf>
- The spreadsheet for all SSF's can be found at <http://cancerstaging.org/cstage>. It has been updated to include:
 - SSF's no longer required are now color coded in pale orange
 - Discontinued SSF's now have a hatch mark through them
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For CSv0205, the required SSFs are designated in the spreadsheet and are for all 2014+ cases and for cases originally coded under CS version 0205 (including any cases prior to 2014). The SSFs are to be collected only when they are readily available in the medical record. Some of the original SSFs 1-6 that were required have been made Obsolete and are no longer required for future cases but must be submitted for cases when it was required. Note: For prostate, CS Site-Specific Factor 4 (Prostate Apex Involvement) is not required for cases diagnosed 2010+. It will, however, be required up until 2010 diagnosis and therefore, is not marked as Obsolete. **If a non-required SSF is not collected by a registry for a specific-schema, it should be submitted as a '988' [not applicable]. Please do NOT use code 988 for any SSF which is required.**

Grade Path Value and Grade Path System are no longer required as of CSv0205. Any data collected in prior versions should still be reported.

SEER requires that the latest version of the CS version 0205 algorithm be run on all cases diagnosed 2004+ before they are submitted for the November 2014 SEER data submission.